

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 136  
Registered No. 213

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Refugio Gonzalez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug. 5, 1925  
Month Day Year

**8. FATHER**  
Full name Esequiel Gonzalez  
9. Residence (Usual place of abode) Claypool Arizona  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Zacatecas Mex  
(State or country)

13. Occupation  
Nature of industry Laborer

**14. MOTHER**  
Full maiden name Maria Herrera  
15. Residence (Usual place of abode) Claypool Ariz.  
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Zacatecas Mex.  
(State or country)

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 12:15 P.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byron M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year

Filed Aug 12, 1925 A. E. Irwin  
Registrar

Registrar

979-805-481

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.